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MAY 12 2010

## PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITIONS OF use to report County-owned VELICLE TO THE REPORT OF THE PIERCE COUNTY (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department	)h 4 - (1)	Your Department's Risk Management BARS Code:
PH	Va-ROADS	150.100.6200.54290 .46.0030
Employee Completing Report	Employee Name Bill Flades	
	Division, Section, Etc.	
	Work Address (PMF 4812	196th ST E (263) 798-6000
Person Injured/Involved in the Accident or Incident	Name Suc Fig. 15	Age
	Home Address 19046 58 400	Home Phone
	Occupation #/80	
	Employed By: PC Ronds	Work Phone
	What was the involved person doing at the time of accident to the property of	dent or incident?
Date, Time and Place	Date 5-7-10	Time // Scoo A.M. P.M.
	Location 12923 62-1	AUE
The injury	Nature and extent of injury	
	Where was injured taken after accident?	Name of Doctor
	Why was injured on premises?	
Property Damage or Theft of Property	Owner's Name	Home Phone
	Address	
	List damage: PHONE LINE	To House
		Police Case #:
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.)	
	the PHONE L	ine vace Dricking
	LINE JUST unda	SCAFACE
	Locates Required? YES NO	Locate #:
Describe 1st Aid:		PARKS - Did person resume skating? YES NO
Witnesses	Name Address	Wk Phone Hm Phone
	Name Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:	
Date	Signature of Employee	Signature of Department or Agency Head
5-7-10	BILLIKE	Lan lelt

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402

